



SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: 10/810,504
Filing Date:: March 26, 2004
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: Compact, high-efficiency, high-power solid state light source using a single solid state light-emitting device
Attorney Docket Number:: OPT-007
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Application Authority Type:: Inventor
PRIMARY CITIZENSHIP COUNTRY:: USA
STATUS:: Full Capacity
GIVEN NAME:: Robert
MIDDLE NAME:: J.
FAMILY NAME:: Krupa

NAME SUFFIX::

CITY OF RESIDENCE:: Leominster

STATE OR PROVINCE OF RESIDENCE:: MA

Country of Residence:: US

Street of Mailing Address:: 62 Indian Ridge Drive

City of Mailing Address:: Leominster

State or Province of Mailing Address:: MA

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01453

Application Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Peter

Middle Name:: G.

Family Name:: Lorenz

Name Suffix::

City of Residence:: Massapequa

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 20 Division Avenue

City of Mailing Address:: Massapequa

State or Province of Mailing Address:: NY

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 11758

Application Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: V.

Family Name:: Root

Name Suffix::

City of Residence:: Beverly
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 8 Beatrice Road
City of Mailing Address:: Beverly
State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01915

Correspondence Information

Correspondence Customer Number:: 42532

Representative Information

Representative Customer Number:: 42532

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Claiming the benefit under 35 USC 119(e)	60/457,672	03/26/2003

Assignee Information

Assignee Information:: Optim, Inc.
City of Mailing Address:: Sturbridge
State or Province of Mailing Address:: MA
Country of Mailing Address:: US